BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:					
All tr	eatment works must	complete ques	tions A.1 through A.8 of	this Basic Application Information	packet.
A .1.	Facility Information				
	Facility name				
	Mailing Address				
	Contact person				
	Title				
	Telephone number				
	Facility Address				
	(not P.O. Box)				
A.2.	Applicant Informati	on. If the applic	ant is different from the ab	ove, provide the following:	
	Applicant name				
	Mailing Address				
	Contact person				_
	Title				•
	Telephone number				
	Is the applicant the	owner or opera	ator (or both) of the treat	ment works?	
	owner		_ operator		
	Indicate whether corr	espondence reg	arding this permit should	be directed to the facility or the applica	nt.
	facility		_ applicant		
A.3.	Existing Environme works (include state-		Provide the permit number	of any existing environmental permits	that have been issued to the treatment
	NPDES			PSD	
	UIC			Other	
	RCRA			Other	
A.4.	Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).				
	Name		Population Served	Type of Collection System	Ownership
	Total por	ulation served			